

Central Registry Information Request

Please print or type.

I hereby request the New Hampshire Division of Children, Youth and Families of the New Hampshire Department of Health and Human Services provide information as to any founded reports of child abuse or neglect naming me as the person responsible for the abuse or neglect.

Name: _____

Maiden Name (if applicable): _____

Other names you have used during the last 7 Years: _____

Date of Birth: _____

Contact Information:

Address: _____

Phone Number (with area code): _____

Signature

Date

State of _____

County of _____

Signed or attested before me on this _____ day of _____, 20____

by _____.

(Month)

(applicant)

Signature of Notarial Officer: _____

Title (and rank): _____

My Commission Expires: _____

Seal:

Instructional Information – do not include with your mailing

Mail form and a self-addressed stamped envelope to:

NH DCYF – Central Registry
129 Pleasant Street
Concord, NH 03301

NOTE: The use of this form is not required. DCYF will process any written requests as long as they contain the information detailed above and the signature has been notarized.

DCYF will mail you your form back to you with a stamp stating if there were any findings. Once you receive that stamped copy, please mail that original form to the board. This form cannot be submitted directly by the board due to privacy rules.

GAL Board
25 Capitol Street, Room 120
Concord, NH 03301-6312

NOTE: Your application is not considered complete until the board receives all required documents; therefore, this form must be submitted under the same applicable timelines. Please plan accordingly.